

Please type a plus sign (+) inside the box +

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. JBP438

**First Named Inventor or Application Identifier**

Compositions and Methods For Regulating Phagocytosis And ICAM-1 Exocression

Express Mail Label No. TB150747971US

U.S. PTO

1054 10/09/98  
20246  
12/07/98

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1.  Fee Transmittal Form (attached hereto in duplicate)

2.  Specification [Total Pages 61] (Preferred arrangement set forth below)
 

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3.  Drawing(s)(35 USC 113) [Total Sheets 16]

4. Oath or Declaration
 

- a.  Newly executed (original or copy)
- b.  Unexecuted original
- c.  Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16)
  - i.  Deletion of Inventor(s)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

5.  Incorporation by Reference (useable if Box 4c is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6.  Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 

- a.  Computer Readable Copy
- b.  Paper Copy (identical to computer copy)
- c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8.  Assignment Papers (cover sheet & document(s))

9.  37 CFR 3.73(b) Statement (when there is an assignee)  Power of Attorney

10.  English Translation Document (if applicable)

11.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations

12.  Preliminary Amendment

13.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

14.  Certified Copy of Priority Document(s) (if foreign priority is claimed)

15.  Other:

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation  Divisional  Continuation-in-Part (CIP) of prior application No:

17. For this divisional application, please cancel original Claims of the prior application before calculating the filing fee.

**18. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label or  Correspondence Address below

Name: Audley A. Ciamporcero, Jr., Esq.

Address: Johnson & Johnson

One Johnson & Johnson Plaza

New Brunswick, NJ 08933-7003 USA

**19. TELEPHONE CONTACT**

Please direct all telephone calls or telefaxes to Andrea L. Colby at:

Telephone: (732) 524-2792 Fax: (732) 524-2808

**19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME Reg. No. 30,194

SIGNATURE *Andrea L. Colby*

DATE *December 4, 1998*

**FEE TRANSMITTAL**

<i>Complete if Known</i>	
Application Number	
Filing Date	
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	JPB438

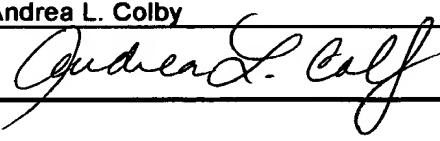
**FEE CALCULATION****CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	<b>BASIC FEE</b>
				\$ 790.00
<b>TOTAL CLAIMS</b>	<b>179- 20 =</b>	<b>159</b>	<b>x 22.00</b>	<b>\$3,498.00</b>
INDEPENDENT CLAIMS	11- 3 =	8	x 656.00	\$ 656.00
MULTIPLE DEPENDENT CLAIMS	<input checked="" type="checkbox"/>	N/A	\$270.00	\$ 270.00
			<b>TOTAL FEES</b>	<b>\$5,214.00</b>

**METHOD OF PAYMENT**

Please charge Deposit Account No. 10-0750/JPB438/ALC in the amount of \$5,214.00. Three copies of this sheet are enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JPB438/ALC. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Andrea L. Colby	Reg. No. 30,194
Signature		Date: 12/4/98 Deposit Account No. 10-0750